

Residents and Minor Caregivers – Licensed Group Child Care

Use of form: Completion of this form is mandatory. Failure to comply with the caregiver background check law may result in issuance of noncompliance statements or enforcements such as orders, forfeitures or revocation of your license. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: When requested by the department, complete this form and return it with a separate completed and signed BID form for the individuals listed in Sections B, C and D. If there is not enough space to list all required individuals in the table below, continue on the back of this form. **Do not send payment at this time;** you will be billed accordingly. Return completed form and BIDs to:

DIVISION OF EARLY CARE AND EDUCATION
CAREGIVER BACKGROUND UNIT, ROOM E200
PO BOX 8916
MADISON WI 53708-8916

A. FACILITY INFORMATION

| | | |
|----|---|-----------------------------|
| 1. | Name – Facility | |
| 2. | Facility I.D. Number (found in top right corner of license certificate) | Telephone Number – Facility |

B. LICENSEE INFORMATION

| | | |
|----|---|----------------------------|
| 1. | Name – Legally Responsible Agency, Church, Partnership, Corporation, Tribe, LLC | |
| 2. | Name – Legally Responsible Individual | Date of Birth (mm/dd/yyyy) |

C. ALL MINOR CAREGIVER EMPLOYEES under 18 years of age who work at the Group Child Care Center

Check box if none ☐

| Name – Minor Caregiver | Date of Birth (mm/dd/yyyy) |
|------------------------|----------------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |

D. ALL INDIVIDUALS age 12 and older who live / reside on the premises of the Group Child Care Center. If you need assistance determining whether or not someone lives / resides on the "premises," contact your licensing specialist or the Caregiver Background Unit at 608-266-8001.

Check box if none ☐

| Name – Individual | Date of Birth (mm/dd/yyyy) |
|-------------------|----------------------------|
| 1. | |
| 2. | |

E. ATTESTATION

I understand, under penalty of law that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in issuance of noncompliance statements or enforcements such as orders, forfeitures or revocation of my license.

SIGNATURE – Licensee

Date Signed